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IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/044,059  
Confirmation No. : 6540  
Applicant : Satoshi Otsuka

Filed : January 11, 2002  
Title : PORTABLE TELEPHONE SET

TC/A.U. : 2681  
Examiner : Anthony S. Addy

Docket No. : 204935-9001

Via Facsimile Transmission (571) 273-8300  
Commissioner for Patents

I, Elizabeth M. Campbell Tressler, hereby certify that this correspondence is being facsimile transmitted to the USPTO, facsimile number (571) 273-8300, on the date shown below.

*Elizabeth M. Campbell Tressler*  
Signature  
*September 21, 2005*  
Date of Signature

## REPLY TO THE FINAL OFFICE ACTION DATED APRIL 21, 2005

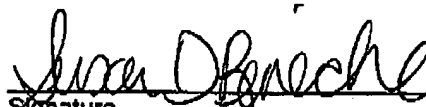

Dear Sirs:

In response to the Office Action dated April 21, 2005, please enter the following:

Substance of Interview begins on page 2 of this paper.

Remarks begin on page 3 of this paper.

Conclusion begins on page 7 of this paper.

<b>TRANSMITTAL FORM</b>		Application Number		10/044,059			
		Filing Date		January 11, 2002			
		First Named Inventor		Satoshi Otsuka			
		Art Unit		2681			
		Examiner Name		Anthony S. Addy			
Total Number of Pages in This Submission		9		Attorney Docket Number		204935-9001	
<b>ENCLOSURES (check all that apply)</b>				<b>PETITION FOR EXTENSION OF TIME</b>			
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final - 7 pages <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$450.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
<b>CLAIMS FEES</b>							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total		-	20	=0	x 25=	\$0	x 50=
Independent		-	3	=0	x 100=	\$0	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$0	+ 360=
<b>FEES</b>							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input checked="" type="checkbox"/> Extension fee for two-month						\$450.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
<b>TOTAL FEES</b>						<b>\$450.00</b>	
<b>PAYMENT OF FEES</b>							
<input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$450.00. A duplicate copy of this transmittal is attached for this purpose.							
<b>SIGNATURE OF ATTORNEY</b>							
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 _____ Signature			
				Date: September 21, 2005			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature				 _____			
				Date: September 21, 2005			

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